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CONFIRMATION NO. 2318

SERIAL NUMBER 10/817,479	FILING OR 371(c) DATE 04/02/2004 RULE	CLASS 514	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. 8976-227U1
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/460,322 04/04/2003

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ****

** 06/19/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	PA	0	34	2
Verified and Acknowledged	<i>Renell Clayton KC</i> Examiner's Signature Initials				

ADDRESS

000570

TITLE

Topical treatment of dermatological disorders associated with reactive or dilated blood vessels

FILING FEE RECEIVED 576	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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